

HOSPITALIZATION: Patient _____ Dog/Cat M/F Color _____
Client ID _____ Phone _____ Resuscitation: Y/N
Client is aware no OVERNIGHT STAFF: Y/N Signature: _____

Date _____ Doc _____	Day 1____ Tech _____	Day 2__ Tech _____	Day 3____ Tech _____	
Weight Temperature (99.5-102.5)	_____			
Ampicillin 125mg/ml BID 1 ml for every 10 lbs	9am _____ 5pm _____			
Baytril 100 mg/ml SID Give slow and diluted Dog = 0.5ml for every 10lbs Cat = Warning ask doc again	ASK VET			
Metronidazole 5mg/mln BID 10-20ml every 10#	9am _____ 5pm _____			
Cerenia SID	9am _____			
Buprenex 0.6 mg/ml 1 ml for every 100 lbs	9am _____ 5pm _____			
Torbutrol 10 mg/ml ASK VET 1 ml for every 100 lbs	ASK VET			

FEED	What Food?			
APPETITE		AM Y/N PM Y/N		
VOMIT	COUGH/SNEEZE	AM Y/N PM Y/N		
POOP	URINE	AM Y/N PM Y/N		

DROP OFF FORM: Patient_____Dog/Cat M/F Color_____
Client ID_____Phone_____Weight_____Temp_____

Client knows pick up by 5PM or charge: Y/N

Presenting Problem:

History: Appetite VCDS Urine Behavior Limping Lumps/Bumps

EXAM	EMERGENCY	RECHECK	SUN	CLIENT	TECH			
BLOODWORK Canine Comprehensive (\$250), Canine Mini (\$183) Feline Comprehensive (\$250), Feline Mini (\$183), Feline FELV/FIV (\$82) Thyroid (\$80), Probnp (\$150)								
SWABS Feline URD (\$240) Canine URD (\$240)								
URINE Urine analysis (\$120), Urine culture (\$240)								
XRAYS WITH CONSULTATION (\$350) # OF VIEWS BODY PART: CHEST ABDOMEN NECK UPPER BACK LOWER BACK SHOULDER ELBOW FRONT PAWS HIPS KNEES BACK PAWS ULTRASOUND (FAST) (\$150)								
EARS Ear cleaning (\$68) Ear microscopic (\$38) Ear culture (\$230)								
EYES Eye package (STT, FSTAIN, IOP) (\$93)								
SKIN Skin scrape (\$48) Ringworm (dermatophyte) \$ Clip and clean \$_____ Location:_____ Nail trim (\$24) FNA (\$275) Biopsy (\$360) (sedation addtl)								
INJECTIONS Allergy inj (Cytopoint) (\$100), Nausea/Appetite (Cerenia) (\$100) Antibiotic (Convenia) (\$100), Pain injection (\$80) SQ Fluids (\$38), Steroid (\$50) Sedation: (\$125) Medetomidine _____ Torb _____ Reversal _____					__ml			
FECAL Fecal parasites (\$58) Fecal diarrhea (\$300) Parvotest (\$60)								
FLEA MEDICATIONS Bravecto Revolution								

Client Signature_____Date_____

Phone_____Email_____

READY TO GO HOME: Yes NO DOCTOR_____

RECEPTIONIST_____

PRESCRIPTIONS: NAME _____

CLAVAMOX: 40 mg/ml, Give _____ ml PO BID x 7 / 10 / 14 days # _____ ml
1.5 ml per 10 lbs

BAYTRIL(Enroquin): 22.7 / 68 / 136 mg, Give _____ tab PO SID x 7 / 10 / 14 d # _____ T
2 tabs per 10 lbs

SIMPLICEF(Cefpodoxime): 100 / 200 mg, Give _____ tab PO SID x 14 / 21 d # _____ T
10-22 lbs = 1/2 100mg, 23-44 = 1x100, 45-66 = 1.5x100, 67-88 = 1 x200, 89 - 132 = 1.5 x 200

METRONIDAZOLE: 50 mg/ml, Give _____ ml PO BID x 7 / 10 / 14 d # _____ T
250 / 500 mg, Give _____ tab PO BID x 7 / 10 / 14 d # _____ T5
2 ml per 10 lbs, 250mg per 25 lbs

PANACUR: 100 mg/ml, Give _____ ml PO SID X 7 / 10 / 14 d # _____ ml
2.3 ml per 10 lbs

VIRBANTEL/DRONTAL: Give _____ Tabs of _____ size now + again in 3 weeks # _____ T
To completely treat need TWO rounds and recommend flea control
Strongid: roundworms, hookworms (1 ml per 10 lbs)
Virbantel: roundworms, hookworms, tapeworms
Drontal: roundworms, hookworms, tapeworms, whipworms

GABAPENTIN: 50mg/ml, Give _____ ml PO BID-TID as needed for pain # _____ ml
100 / 200 mg, Give _____ caps PO BID-TID as needed for pain # _____ C
0.5-2 ml per 10 lbs, 50-100 mg per 25 lbs, 100-200mg per 50 lbs
Tell owner may cause sedation, anxiety, constipation

CERENIA: 16 / 24 / 68 mg, Give _____ Tab by mouth every 24h for _____ d # _____ T
16 mg per 20#

NEOPREDEF: apply to cover affected area every 8-12h x 14d, no licking #1
MURICIN: apply to affected area every 8-12h x 14d, no licking #1

Phyto shampoo: bath once a week, no water in ears/eyes, add in hypoallerg conditioner

Duoxy/KetoWipes: wipe affected area esp feet every 8 h for life #1

Gentspray: spray affected area every 8h, no licking #1

Flea medication: Bravecto Revolution

Ambassador Dog and Cat Hospital

Name _____ Date _____

Surgery/Procedure _____

If your dog/cat has had a procedure, keep confined and activity restricted for 14 days. Cone collar on at all times to prevent licking incisions (unless trouble breathing then remove). Your pet may be groggy the first night and may be constipated for days after. If there is a bandage on the leg, please remove in 1 hour.

Offer small amounts of food (bland diet) and water the day your pet goes home. Prescription diet recommended: Yes/No _____

If a biopsy was sent out, results take weeks. Please call us in 3 weeks. After biopsy results return, further treatment may be needed.

Medications were prescribed for your pet. If you would like a pharmacy consultation, please let us know. You can start pain medications when you take your pet home if needed, but all other medications start the next morning with food.

Recheck: _____, _____, _____

Please call to schedule

Suture removal is 14 days

If there is an emergency, please call us at 213-384-1255 or ACCESS 310-558-6100 after hours .

Ambassador Dog and Cat Hospital DROPOFF FORM

You have elected to drop off your pet to be seen by the vet today!

Your name _____ Phone # _____ Date _____

Pets name _____ Male/Female, Spay/Neuter, Age _____

Do you want Vaccines done today? Yes/No

Do you want Flea medicine? Yes/No

List problems in detail to be checked:

Circle: VOMIT DIARRHEA COUGH/SNEEZE APPETITE (what food)?
LIMPING (which leg)? PAIN LUMPS/BUMPS (where?)
SEIZURES ITCHY (where)? ears? paws? see fleas?

When did it start?

Has it ever happened before?

Have you seen a vet for this problem? When?

Do you authorize testing to be done?

Bloodwork (\$183-250), Xrays (\$341), Urine (\$83), Fecal (\$48-300)

Allergy testing (\$450)

Call back at 3 pm for an update if you have not heard from us. You agree to pay for all services discussed by phone when you pickup. Pickup no later than 5pm (closed after). Please be available by phone!

Client Signature _____

Relief Doctors at Ambassador Dog and Cat Hospital

3684 Beverly Blvd, LA CA 90004, Phone: 213-384-1255

Medical Director contact: Dr Angie Wong 310-210-9039

Emergency contact: Bob Bohannon 323-697-5152

Hospital hours: 9-6

Software system: Avimark (code ADCH2020, code 3684)

Writing exam notes: make sure to go under the exam of that date, then go to the right column and click medical notes and a template will appear to write in, if you do not put the medical notes under the proper exam line then it will be hard to find again in the future

INhouse Bloodwork: Heska (general profile \$183 and presurgery \$125)

Lab: Antech (if you send out bloodwork, please leave a note for the next doc to make a callback or callback yourself, to get to the website (antechdiagnostics.com...ambassador, ambassador)

Xray: All xrays are sent out for consultation, please leave a note for the next doc to make a callback or callback yourself, to get to there (Petrays.com.... ambassador, Xray01)

Drug box: located in the cabinet to the right of the first wet table (the cabinet key is located _____, the drug box code is _____, if you fail on the first attempt the drug box will lock you out for 1 minute)

If you have any comments, suggestions or would like to talk further, please let me know!

Dr Angie Wong

